



Labor**Staffers**™

Customer Name

Address

Report To

I hereby certify that the hours shown hereon were worked by me during the week ending designated, and were certified by an authorized representative of the Customer. I understand that I am to contact the Manpower office after completing this assignment to discuss another assignment, and, if I do not do so, without good cause, Manpower may assume that I am not then available for work and unemployment benefits may be denied.

Employee Name

Social Security Number

Employee Signature

Day	Month/Date	Time In	Time Out	Lunch Period	Total Hours
Mon					
Tue					
Wed					
Thu					
Fri					
Sat					
Sun					
Week Ending Date		Office ID #		Week Total Hours	

Customer Approval

Cross out any days not worked by employee. Approval includes verification of hours worked.

X

Date